

S. No. 2  
M-9-4-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11488  
State File No. \_\_\_\_\_  
Registrar's No. 699

FILED APR 15 1943

Registration District No. 784 Primary Registration District No. 101

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
653 West Polo Drive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Florence Hull Moser

3. (b) If veteran, name war No. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. Edwin Moser 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov. 8, 1896 (1896)  
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 46    | 4      | 13   | hr. _____ min.       |

9. Birthplace Pittsfield, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER

12. Name John Hull  
13. Birthplace Pittsfield, Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Mathews  
15. Birthplace Pittsfield, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. Edwin Moser

(b) Address 653 West Polo Drive

17. (a) Burial (b) Date thereof 3/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsfield, Ill.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) 3-24-43 (b) G. M. J. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 653 West Polo Drive  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Mar 15 1943 to March 21, 1943

that I last saw her alive on March 21, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Miliary tuberculosis  
Due to: Spread from old tuberculosis of several years  
Duration \_\_\_\_\_

Other conditions: Bronchial Asthma  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations no operation  
Of autopsy no autopsy 1361  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature Joseph L. Lammore (M. D. 22567)  
Address 3720 Washington Blvd. Date signed 3/22/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

60706

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed .....  
Licensed Embalmer No. 1994  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**  
**If this body is not embalmed, fact should be so stated above.**